

F9 FIREWORKS APPLICATION FORM

Please complete this form and return it to exhibitorservices@gccec.com.au
no later than **forty-two (42) days** prior to your event

Event Name			
Stand Number		Stand Name	
Contact on the Day		Mobile	
COMPANY DETAILS			
Company Name		ABN / ACN	
Address			
Suburb		Post Code	
Name on Invoice		Contact Number	
Email			

Date of fire usage			
Time of fire usage			
Event Manager			
Company providing fire			
Company insurance			
Public Liability cover number		(must be \$20 million coverage)	
Outline of event			
Location			

A Safe Work Method Statement must be submitted with this form

Signature		Date	
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QFRS Approval

Signature		Date	
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Building Services Manager

Signature		Date	
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General Manager